

**PAYABLE BY CHECK OR MONEY ORDER TO CITY OF SPRINGFIELD**

**SPRINGFIELD DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH  
311 STATE STREET  
SPRINGFIELD, MA 01105  
(413) 787-6740 : (413) 787-6458 FAX : (413) 787-6745 TTY**



**FEES:**

**LICENSE: \$200  
PER TRUCK: \$30**

**APPLICATION FOR PERMIT/REMOVAL OR TRANSPORT OF GARBAGE  
RUBBISH/REFUSE OR OTHER OFFENSIVE SUBSTANCES**

IN ACCORDANCE WITH M. G. L. CHAPTER 111, SECTION 31 AND THE RULES AND REGULATIONS OF THE SPRINGFIELD PUBLIC HEALTH COUNCIL THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO REMOVE OR TRANSPORT GARBAGE, RUBBISH/REFUSE OR OTHER OFFENSIVE SUBSTANCES.

\*\*\*\*\* PLEASE TYPE OR PRINT \*\*\*\*\*

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

OWNER NAME: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_

MANAGER NAME: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_

NO. OF VEHICLES: \_\_\_\_\_ VEHICLE REGISTRATION NO.: \_\_\_\_\_

NO. OF DUMPSTERS USED ANNUALLY: \_\_\_\_\_

TYPES OF WASTE PRODUCT(S) REMOVED AND/OR TRANSPORTED: (CHECK ALL THAT APPLY)

GARBAGE (FOOD WASTE)  RUBBISH/REFUSE  INFECTIOUS DISEASE

TYPES OF DISPOSAL: (CHECK ALL THAT APPLY)

LANDFILL  INCINERATOR  TRANSFER STATION  INFECTIOUS WASTE

OTHER (PLEASE SPECIFY): \_\_\_\_\_

DISPOSAL FACILITY NAME: \_\_\_\_\_ TEL NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

I HEREBY CERTIFY, UNDER PAINS AND PENALTIES OF PERJURY, THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED ON THIS APPLICATION IS COMPLETE AND ACCURATE AND NOT MISREPRESENTED IN ANYWAY.

IF ANY INFORMATION AS PROVIDED ON THIS APPLICATION CHANGES, NOTIFICATION OF SUCH CHANGES WILL BE MADE TO THE SPRINGFIELD DEPARTMENT OF HEALTH AND HUMAN SERVICES WITHIN THIRTY (30) DAYS OF SAID CHANGES AND/OR ADDITIONS.

PURSUANT TO M.G.L. CHAPTER 62C, SECTION 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

\_\_\_\_\_  
SOCIAL SECURITY # / FEDERAL ID #

\_\_\_\_\_  
CORPORATE NAME / SIGNATURE OF APPLICANT

\_\_\_\_\_  
CORPORATE OFFICER ( IF APPLICABLE)